

Case Number:	CM15-0170968		
Date Assigned:	09/11/2015	Date of Injury:	12/24/2010
Decision Date:	10/16/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/31/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a female, who sustained an industrial injury on 12-24-2010. The injured worker was diagnosed as having lumbar degenerative disc disease with herniated nucleus pulposus and facet arthropathy, status post laparotomy, bruxism, teeth grinding, reactionary depression and anxiety, medication induced gastritis, right shoulder sprain and strain, left shoulder sprain and strain, chronic bowel obstructions secondary to chronic opiate use. The request for authorization is for: Imitrex 100mg #9, and Zofran 8mg #10. The UR dated 7-29-2015: Certified Anaprox DS 550mg #60 and Prilosec 20mg #60; Modified certification of Imitrex 100mg #9 for one month, and Zofran 8mg #10 for one month. The records indicate she has been utilizing migraine medications and Zofran since at least 2013, possibly longer. An AME report dated 3-17-2015, indicated she currently reported pain to the neck, bilateral shoulders, low back, numbness of the tailbone, abdominal pain status post recent abdominal surgery, headaches, sleep difficulty, depression, anxiety, sexual dysfunction, gastrointestinal issues of obstructions and constipation, urinary incontinence, and memory difficulty. This report indicated she related a history of migraine headaches and having attended rehabilitation to wean off migraine medications. On 5-18-2015, Subjective findings noted she was being seen for internal medicine disorders. Objective findings indicated she is positive for headaches. Examination revealed a well-healed surgical scar, flat abdomen, no guarding or tenderness. Neurologically there are no focal findings. On 7-16-2015, she is noted to have had a lumbar epidural steroid injection on 6-18-2015 which did not give benefit. She reported low back pain with radiation into both lower extremities. She rated her pain 7 out of 10. A lumbar facet

rhizotomy completed on 3-23-2015 is indicated to have given her up to 70% relief of the low back pain, and increased radiating symptoms in the legs. She also reported increased pain in both shoulders. A cortisone injection given in April 2014 was noted to have given 2 weeks of relief for the right shoulder. A cortisone injection to the left shoulder completed in June 2015 has reportedly given her 3 weeks of benefit. Physical findings revealed are decreased range of motion to bilateral shoulders, lumbar spine with normal posture and lordosis, hips and pelvis are level and leg lengths are equal, tenderness is noted to the low back area, along with trigger points and taut bands and reproducible facet loading. There is a positive straight leg raise test bilaterally. The treatment and diagnostic testing to date has included: AME (3-17-2015), lumbar epidural steroid injection (6-18-2015), lumbar facet rhizotomy (3-23-2015), magnetic resonance imaging of the right shoulder (3-20-2013, 3-31-2014), right shoulder cortisone injection (4-2-2014), corticosteroid injection of left shoulder (6-17-2015), electrodiagnostic studies (6-27-2013), magnetic resonance imaging of the left shoulder (2-18-2013), lumbar spine magnetic resonance imaging (2-18-2013), multiple sessions of physical therapy, and home exercises, trial of pool therapy, and shockwave therapy, chiropractic sessions, and urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Imitrex 100mg #9: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans.

Decision rationale: The MTUS is silent on the use of Imitrex. With regard to the use of triptans, the ODG states: "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class." I respectfully disagree with the UR physician, per the documentation submitted for review, it is noted that the injured worker suffers from migraine headaches. The request is medically necessary.

Zofran 8mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics.

Decision rationale: The MTUS is silent on the use of ondansetron. With regard to anti-emetics, the ODG states "Not recommended for nausea and vomiting secondary to chronic opioid use.

Recommended for acute use as noted below per FDA-approved indications." Specifically, "Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." As the injured worker is not postoperative or experiencing nausea and vomiting secondary to chemotherapy and radiation treatment, or gastroenteritis, ondansetron is not recommended. There was no documentation suggesting the ongoing necessity of the medication or its efficacy. The request is not medically necessary.